

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2022</b>		
Mailing Address <b>2210 GREY FOX COURT</b>		Amount <b>2830392.00</b>		
City <b>BEL AIR</b>	State <b>MD</b>	Zip Code <b>21015</b>	Transaction ID : <b>SE.1</b>	
Purpose of Expenditure TV/MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 27 / 2022</b>	
Name of Federal Candidate <b>RYAN, TIMOTHY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>32465096.43</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2022</b>		
Mailing Address <b>2210 GREY FOX COURT</b>		Amount <b>277992.00</b>		
City <b>BEL AIR</b>	State <b>MD</b>	Zip Code <b>21015</b>	Transaction ID : <b>SE.2</b>	
Purpose of Expenditure RADIO PLACEMENT		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 27 / 2022</b>	
Name of Federal Candidate <b>RYAN, TIMOTHY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>32465096.43</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>3108384.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2022</b>